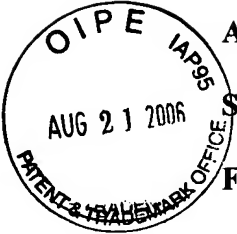


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: Vaclav O. Podany, et al.

Examiner: Michael F. Peffley

Serial No: 10/675,891

Art Unit: 3739

Filed: September 30, 2003

Docket: 16334Z (ETH-5075CIP)

For: APPLICATOR FOR CREATING
LINEAR LESIONS FOR THE
TREATMENT OF ATRIAL
FIBRILLATION

Dated: August 17, 2006

Confirmation No.: 6130

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. 1.116

Sir:

Applicants submit this Amendment, and request entry thereof, in reply to
the Office Action mailed May 25, 2006.

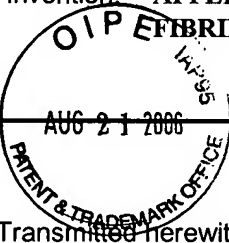
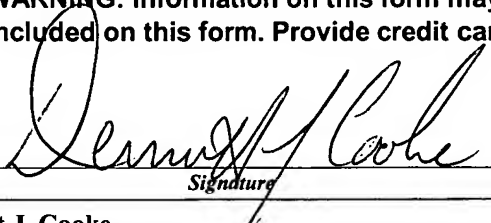
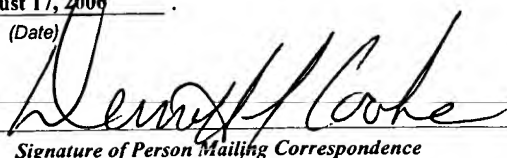
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States
Postal Service as first class mail in an envelope addressed to: Mail Stop AF,
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 17,
2006.

Dated: August 17, 2006


Dermott J. Cooke

AFIFU

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 16334Z (ETH-5075CIP)	
Applicant(s): Vaclav O. Podany et al.					
Application No. 10/675,891	Filing Date September 30, 2003	Examiner Michael F. Peffley	Customer No. 23389	Group Art Unit 3739	Confirmation No. 6130
Invention: APPLICATOR FOR CREATING LINEAR LESIONS FOR THE TREATMENT OF ATRIAL FIBRILLATION					
 COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature			Dated: August 17, 2006		
Dermott J. Cooke Reg. No. 41,685 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 DJC:jam			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center">August 17, 2006 (Date)</p><p style="text-align:center"> Signature of Person Mailing Correspondence</p><p style="text-align:center">Dermott J. Cooke Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					